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Date: 2/25/2009

TO: U.S. Patent and Trademark Office
FROM: Stephen T. Scherrer
RE: Attorney Docket No. ECS-P-09-001
Transmittal Form (1 pg.)
Certificate of Transmission Under 37 CFR 1.8 (1 pg.)
Request for Withdrawal as Attorney and Change of
Correspondence Address (2 pgs.)
FAX: (571) 273-8300

NO. OF PAGES INCLUDING THIS SHEET: -- 5 --

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FORM**

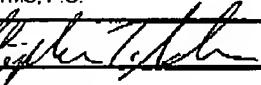
(To be used for all correspondence after initial filing)

		Application Number	10/679,075
		Filing Date	October 3, 2003
		First Named Inventor	DURHAM, Steven
		Art Unit	3633
		Examiner Name	PHIA
Total Number of Pages in This Submission	5	Attorney Docket Number	ECS-P-09-001

ENCLOSURES (Check all that apply)

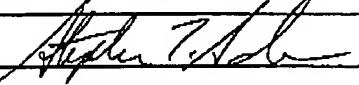
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm Name	Patents+TMS, P.C.		
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Printed name	Stephen T. Scherr		
Date	February 25, 2009	Reg. No.	45,080

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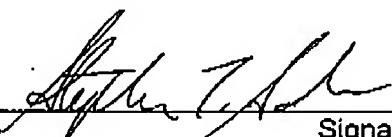
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Doc Code: PET,POA,WDRW

Document Description: Petition to withdraw attorney or agent (SL83)

PTO/SB/03 (11-08)

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/679,075
Filing Date	October 3, 2003
First Named Inventor	DURHAM, Steven
Art Unit	3633
Examiner Name	PHI A
Attorney Docket Number	ECS-P-09-001

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;

the practitioners (with registration numbers) of record listed on the attached paper(s); or

the practitioners of record associated with Customer Number: 29013

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input checked="" type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input checked="" type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

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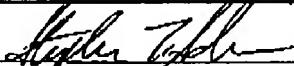
OR

B. <input checked="" type="checkbox"/> Inventor or Assignee name	Durham, Steven
---	----------------

Address 695 N. A1A Unit 106

City Ponte Vedra Beach	State FL	Zip 32082	Country USA
Telephone		Email	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature			
Name	Stephen T. Scherrer	Registration No.	45,080
Address	2849 W. Armitage Ave.		
City Chicago	State IL	Zip 60647	Country USA
Date	February 25, 2009	Telephone No.	773-772-6009

NOTE: Withdrawal is effective when approved rather than when received.

(Page 2 of 2)

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